

DATE:	4/21/05		
TO:	City Clerk		
FROM:	Mayor Joe Wardy		
ADDRESS	2 Civic Center Plaza, 10 th Floor	TELEPHONE	915 541-4145
Please place the following item on the (Check one): CONSENT <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/>			
Agenda for the Council Meeting of April 29, 2005			
Item should read as follows: The Appointment of Representative Susan Austin to the El Paso City-County Board of Health			
SPECIAL INSTRUCTIONS:			
Item No.			

BOARD COMMITTEE/COMMISSION APPOINTMENT/REAPPOINTMENT FORM

NAME OF BOARD/COMMITTEE/COMMISSION:	El Paso City-County Board of Health						
NOMINATED BY:	Mayor Joe Wardy	DISTRICT:	OM				
NAME OF APPOINTEE	Ms. Susan Austin <small>(Please verify correct spelling of name)</small>						
BUSINESS ADDRESS:							
CITY:		ST:		ZIP:		PHONE:	
HOME ADDRESS:							
CITY:		ST:		ZIP:		PHONE:	
WHO WAS THE LAST PERSON TO HAVE HELD THIS POSITION BEFORE IT BECAME VACANT?							
Vacant							

REASON PERSON IS NO LONGER IN OFFICE (CHECK ONE):	TERM EXPIRED:	
	RESIGNED	
	REMOVED	
	OTHER (SPECIFY):	Board Revised (New Interlocal Agmt)
EXPIRATION DATE OF INCUMBENT:	N/A	
EXPIRATION DATE OF NEW APPOINTEE:	04/07	
PLEASE CHECK ONE OF THE FOLLOWING:	1 st TERM:	<input checked="" type="checkbox"/>
	2 nd TERM	<input type="checkbox"/>
	UNEXPIRED TERM:	<input type="checkbox"/>